

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		101	/	
52		/		102		/
53		/		103		/
54		/		104	/	
55		/		105		/
56		/		106		/
57		/		107		/
58		/		108		/
59		/		109	/	/
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68		/				
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87		/				
88		/				
89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		↓	101	↓		↓
TOTAL CLAIMS			109			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS